Multidisciplinary International Research Training (MIRT) Program  
Striving to Eliminate Health Disparities

“As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.” —John F. Kennedy

POST-TRIP REFLECTIONS OF HSPH MIRT 2013 FELLOWS

“Observing the lack of medical resources for attending to basic primary health care needs in rural portions of the country, I now realize that as scholars and as citizens of the world, we must use our talents and skills in communities where we are most needed and where our individual talents can do the most benefit.” —Kia Byrd, MIRT 2013 Ethiopia

“Through my experience in Chile, I have certainly been able to hone my research skills, broaden my understanding of global health issues, enhance cultural competency, and solidify my commitment to a career in healthcare. Thanks so much to the Harvard School of Public Health MIRT program for this wonderful opportunity to engage in international public health research and cultural immersion.” —Deborah Rose, MIRT 2013 Chile
With no uncertainty, I can attest that the MIRT experience in Ethiopia has changed my life in a way that is almost indescribable. Having the opportunity to conduct population-based research in a developing nation has affirmed my career aspiration of utilizing medicine in the context of public health to improve the lives of millions abroad and domestically. Observing the lack of medical resources for attending to basic primary health care needs in rural portions of the country, I now realize that as scholars and as citizens of the world, we must use our talents and skills in communities where we are most needed and where our individual talents can do the most benefit.

In addition to the newfound clarity in regards to my future career as a physician, my experiences in Ethiopia gave me an opportunity to explore the beauty of the country and its people. From the tropical vistas of Awassa to the powerful regality of the steles and obelisks of the ancient Axumite Empire, Ethiopia never failed to impress me with its culture and history.

Perhaps my favorite experience during our travels around the country was our journey to Lalibela, one of the world’s epicenters of Christian pilgrimage. There, we had the opportunity to visit a series of monolithic stone churches carved directly into the grounds of Lalibela. It still amazes me that a group of people, so long ago, was able to engineer a series of structures with such great attention to detail and intricacy. My African ancestors were truly phenomenal to accomplish such historical and innovative feats, and that tradition of excellence lives on in Ethiopians of the present day. Experiencing Lalibela and observing the divine commitment and simple humility of the priests and students of the Ethiopian Orthodox Church further served as a type of affirmation and rebirth of my own personal religious and spiritual beliefs.

“Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.” —Mary Anne Radmacher
In retrospect, my journey to Ethiopia not only opened my eyes to a new cultural experience, but also served as a gateway for me to share and communicate those experiences with others possessing skewed or biased views of Africa. Often times, media depictions of Ethiopia—and African nations in general—portray mostly negative images of the country: poverty stricken communities, starving women and children, and poorly or underdeveloped housing structures. Although these issues exist within the country, those depictions hardly characterize the reality of the entire nation. Most of my American colleagues are surprised when I share with them my experiences in the bustling and lively city of Addis Ababa. The city’s amazing nightlife, modern shopping centers, exquisite restaurants, and congested traffic are reminiscent of several major metropolitan areas in the United States. Despite the influx of development within the country, it was refreshing to see how efficiently Ethiopians were able to maintain and preserve traditional ways of life and cultural traditions.

My time in Ethiopia is definitely a journey that I will cherish for a lifetime. This opportunity to travel to another country has directly exposed me to the idea that people have the desire to build relationships and connect—an idea that transcends cultural boundaries. As a fellow colleague stated profoundly, in wisdom well beyond his years, “Being in a foreign country is like falling in love with humanity all over again.”

“Finish each day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in; forget them as soon as you can. Tomorrow is a new day. You shall begin it serenely and with too high a spirit to be encumbered with your old nonsense.” —Ralph Waldo Emerson
It has been over a week since I have returned to the United States after my summer in Ethiopia and honestly, I will greatly miss the experience. It was a true blessing to gain first-hand experience living and conducting research in Ethiopia. This experience confirmed my passion for global health, exposed me to the health disparities that exist in the region, and re-ignited my love for new cultures, languages and music.

It was really amazing to explore the relationship that stimulants (caffeine and khat) had on the sleep preference and sleepiness prevalence among Ethiopian college students. Under the great mentorship of Dr. Mahlet Tadesse and Dr. Bizu Gelaye, I was able to statistically explore that complex relationship and synthesize my results into a coherent manuscript. During the summer, we learned how to manipulate SPSS, the epidemiological basis of our various projects, how to critique scientific papers, and also how to present our work in poster, power point presentation and manuscript form. This was a solid introduction to the field of epidemiology.

During the second half of our trip, we got the opportunity to travel to Awassa and visit a rural health center and two health posts. We were also fortunate to travel to the north and visit historic sites in Lalibela, and Axum. It was really great to experience first-hand the rich culture, history, and health care of Ethiopia. I really enjoyed our trip to the fishing market and lake at Awassa; the scene was reminiscent of the coastal towns I grew up seeing in Jamaica. Seeing the controlled chaos that was the various vendors, wildlife and costumers that frequented the market reinforced this connection for me. The visit to the rural health posts also reminded me of times I visited rural health and agricultural posts throughout Jamaica. The one portion of the visit that I really enjoyed was speaking to the VCT (volunteer counselling and testing) coordinator about his innovative means of teaching and informing the community of public health issues. The VCT coordinator shared with us how they incorporated music, dance, spiritual messages, and storytelling to instill great health practices amongst the populous. It was great to see the innovative local approaches to gain population health progress.
In addition, I really enjoyed the experience of visiting the ancient obelisk and crypts of Axum and the rock churches of Lalibela. The feeling I had throughout the visit to Axum was the fact that history was all around us. Our guide shared stories of farmers stumbling into ancient artifacts or falling into crypts while plowing their property. In fact, according to archeologists that frequent the region, about 80% of the regions historic resources were still buried. Aside from our historic tours, it was also great to experience organic honey-tasting, to enjoy wonderful cactus fruit, and to travel around the streets of Axum. It was quite a picturesque town that contrasted greatly with life in Addis. Lalibela’s mountainous appearances took my breath as we ventured from the airport to our hotel. The stunning views were completed with the rich history that town contained in its rock churches. Each of the dozen or so churches were crafted by hand from a single piece of rock and they have retained their grandeur for over two millennia. My favorite portion of this trip was the very first time I step onto the floor of the church. The carpeted rock surface lacked the typical give that modern carpeting possesses and I felt that this feeling represented the strength of the history and culture of Ethiopians. The nation has faced difficult times and oppositions with a deep sense of strength. I believed that our travels revealed another great aspect of global health; it revealed the fact that culture and history are integral components in the determination of the health outcomes of a nation and that meaningful solutions need to consider that fact.

Before this experience, I had a one directional view of global medicine. I imagined that international agencies would develop solutions with grand teams of experts and then travel to the region for implementation. While visiting a rural health care clinic along our route to Hawassa, what I saw was local innovative solutions to issues of under-equipped facilities, requirements for sterile equipment, and a lack of necessary health professionals. This revealed the fact that any meaningful change to the provision has to begin with dialogue—bilateral conversations will ensure that both the grant making agency and the local people can maximize the effectiveness and permanency of the solution. With this experience, I want to participate in future discussions of solutions for domestic and international health issues.

In closing, I would like to share the last paragraph of the journal I kept while I was in Ethiopia: “now it is time to apply what [we all] have learned—to step from the classroom and enter the field and work; to observe, study and then apply—to simply Go!”

“Throughout history, it has been the inaction of those who could have acted, the indifference of those who should have known better, the silence of the voice of justice when it mattered most, that has made it possible for evil to triumph.” —Emperor Haile Selassie
In the last few days before I traveled to Ethiopia, I honestly did not know what to expect from the trip. Having now completed my two month research fellowship with the Harvard MIRT program in Ethiopia, I feel that I have not only grown in my research abilities, but I have also grown professionally and personally.

My expectations prior to landing in Ethiopia were a bit scattered. Having been born in Ethiopia and having visited once before, I was comfortable with the cultural aspects of the two month fellowship. I was however a bit nervous about the prospect of experiencing life in Ethiopia for such an extended amount of time without the guidance of family. In addition, I was a bit intimidated by the task of delving into a field of study with which I was barely familiar. Apart from these pre-trip jitters, I was excited and looking forward to interacting with the three fellows who I would be living and working with for the next two months. I knew that this would be a great learning experience and one that would have a lasting impact on me.

Upon landing in Ethiopia, my nerves quickly settled and I transitioned into day-to-day life seamlessly. I learned a great deal about statistics and data analysis from Dr. Tadesse.

I found research to be both interesting, challenging and easy to grasp. In addition to these initial experiences at the ACIPH office, I was beginning to explore Addis Ababa with the other fellows. I found life in the city amusing. Basic things like transportation, social interaction, and culture were all different but interesting to me. I embraced the situation and took advantage of this unique learning environment. Within a week, I was able to navigate some of the major routes of the city and effectively interact with the members of the vast community.

In addition to life in the city, I found the experience of volunteering at AHOPE and traveling to a series of health posts in rural Ethiopia to be among the most rewarding. My time at AHOPE was filled with fun and education. I can honestly say that I learned just as much, if not more from the kids, as they learned from me. A similar hopeful realization occurred to me as we traveled to the Bulbulla health post and one of its satellite service sites. Seeing the established infrastructure of primary health care that was established in such rural regions of the country made me hopeful for the future of public health in Ethiopia. Reaching this potential will surely require a lot of work, and this trip was instrumental in exposing us to some of the daunting challenges facing health care in Ethiopia. We received invaluable insight into issues such as alarmingly low doctor-to-patient ratio, resource limitation, and difficulties in administering service to those in remote areas. Overall, the exposure allowed me to gain a realistic perspective of public health within the scope of a developing nation. I believe that the MIRT experience has furthered my ambition to pursue primary care within underserved populations.

I truly enjoyed my research fellowship in Ethiopia. My experiences living and working in Addis, interacting with my colleagues, and exploring public health from both a research and primary care perspective are sure to have a lasting impact on me. I would like to extend my gratitude to the Harvard School of Public Health for this
She laid humbly on the concrete floor, wearing only thin pieces of cloth that barely covered her body. Her son, likewise, had on a small, ripped-up t-shirt and shorts that he clearly outgrown. Aside from their similar thin structure, both mother and child coughed intermittently yet harshly. As I made my way across the busy Ethiopian streets and towards their presence, I could hardly ignore this pair. Our eyes met, and the crescent of their lids unveiled distraught. They muttered in very broken English to beg for some Burr (Ethiopian currency). All I could give them was enough food money to last for one week, and I felt saddened knowing that this minimal offering would not make an effective impact. I said “Ciao,” (bye) and never saw them again. This was a fragment of my reality for two months abroad.

I was one of four students who were selected to conduct research in Ethiopia. In the classroom, I learned technical skills including understanding epidemiology, using a biostatistics program, and writing a publishable paper. Outside of these academic borders, I witnessed the real-life consequences of health disparities.

For instance, native health experts often said “There are more Ethiopian doctors in America than there is for all of Ethiopia,” and as a person who aspires to work in Public Health, I was disheartened but impassioned by these real-life examples. Across this period, I reaffirmed with my previous beliefs that this field of science requires not only the mind but also compassion from the soul.

This understanding first came to me when Dr. Gelaye took the four of us to visit rural health centers. We were educated on issues such as physician shortages and malaria prevention. Months earlier, I had read similar facts, but after coming to Ethiopia and being in the presence of health disparities, I began to realize what it means to heal and aid the human condition. The sights of people stroked a visceral nerve within me, and other inter-city trips like this one held similar impacts. Even when I was working in the classroom – conducting statistical analysis and writing a research paper about caffeine and sleep health – I felt satisfied, because the potential of my work could one day save lives. From that moment on, I wholeheartedly knew what I wanted to become: an expert in Public Health.

Aside from this, I became more culturally aware of the world. Placed in a country I have never been before, I grew more independent and appreciative of global distinctions that color our everyday lives. Society is changing rapidly having the ability to work with people who are culturally different from us is important, especially for someone who wants to work in Public Health.

After this trip, I gained confidence in myself. I acquired an understanding of the world at a deeper level. I confirmed my passion for research. One day, I hope to have an impact on both a domestic and international level, but for now, I am thankful for the Harvard MIRT program for this great opportunity.

Jason Tran
Undergraduate, UC Riverside
MIRT site: Ethiopia

Jason’s Post-trip Reflection

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I’d helped with research before in a lab and had created a study as part of a class, and expected the program to be a lot like that – but I found it a lot more challenging, probably due to the environment and depth of the work we were able to do. It was really cool to have my skills in analysis and academic writing developed over the summer. I am also really beginning to see how much I love working with people directly, especially children. I’d been worried that I’d have to pick one or the other if I ended up pursuing a career in public health, but this program helped me see that both are possible.

I’m so glad that I was able to get such a solid foundation for graduate school through this program, as well. Research opportunities this thorough are hard enough to come by in the United States – let alone abroad. I’m not applying yet, but once I do, I know that I’ll be able to start with good experiences behind my belt that have shaped me, helped me develop my interests, and taught me how to execute my ideas. I’m excited to turn the opportunities I’ve been given into a career. This program was truly wonderful, and I would recommend it to anyone interested in the many things it could give them.

“What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.”

“There is a universal respect and even admiration for those who are humble and simple by nature, and who have absolute confidence in all human beings irrespective of their social status.”

“I shall stick to our vow: never, never under any circumstances, to say anything unbecoming of the other...The trouble, of course, is that most successful men are prone to some form of vanity. There comes a stage in their lives when they consider it permissible to be egotistic and to brag to the public at large about their unique achievements.”
This past summer has been enlightening and powerfully illuminating in so many ways. The other fellows and I have had the opportunity to shadow specialists, perform data analysis from a large sleep study, and participate in a cultural exchange through our homestay and other social experiences for two months in Chile.

Academically, I’ve learned to write a scientific paper, analyze data using SPSS (our statistic software friend), and create a research poster of our work. These are valuable skills I’ve acquired and will carry on with me in my classwork and desired career in healthcare. The primary challenge I faced was working independently without an on-site mentor, but I later learned that having the responsibility of moving forward with my paper, data analysis, and poster without anyone by my side to walk through things with me step-by-step taught me a lot, sharpened my work ethic, and forced me to grow in my self-sufficiency.

The most rewarding aspects of this experience were the opportunities to do a cultural exchange with Chileans to learn more about Chilean cultural mores, lifestyles, and customs and vice versa.

For example, I was able to engage in conversation with a couple of workers at the rehabilitation center: one with the Director of the special education school and the other with a woodshop instructor in the school.

They both asked me a lot about the United States, the education system in the States, what life is like for an African American like myself back at home, if I’ve ever encountered racism in the US or in Chile, where my family is from, how social security and health insurance work in the States, the most commonly used form of identification (in other countries it’s not always the driver’s license), etc. This was a great chance to inform others about how things are on the other side, and learn from them about how things are where they’re from.

“Many persons have a wrong idea of what constitutes true happiness. It is not attained through self-gratification but through fidelity to a worthy purpose.” —Helen Keller
Deborah’s Post-trip Reflection

There is one interesting (and amusing) event from my experiences within the Punta Arenas region; it speaks to cultural blindness in a way, innocence, and is simply humorous. One day during my shadowing rotation in the Language School of the rehabilitation center, a young girl with special health care needs (and about 5 or 6 years old) ran up to me, looked at me with wide, bulging eyes, and said, “Por qué estás así?!” (Why are you like that?) while running a finger down my cheek. “Qué te pasó?” (What happened to you?) she continued asking, running another finger along my collarbone. I couldn’t help but laugh at her shock. “Es el color de mi piel,” (It’s the color of my skin) I told her. I’ve never encountered anyone who expressed such open shock at my appearance, or anyone who hadn’t before seen another black individual (whether in person or in the media). Not many blacks are found in the region (except for perhaps a few Dominicans). In this situation, I wish I had more time to explain to the girl where I was from and why my skin appeared that way. It’s important to enlighten others, especially young ones who haven’t before been exposed to certain things, including people of other races.

Through my experience in Chile, I have been able to hone my research skills, broaden my understanding of global health issues, enhance cultural competency, and solidify my commitment to a career in healthcare. Thanks so much to the Harvard School of Public Health MIRT program for this wonderful opportunity to engage in international public health research and cultural immersion.

Tessa’s Post-trip Reflection

What I knew about Chile before I went there was that it was a developed country, in a good economic state, and that Patagonia was cold and windy. After living there for two months, I understand so much more. There are differences in the way people act around each other, professionally and personally, family is the center of every Chilean’s life, and they love empanadas and sweet breads.

I had expected to struggle with my Spanish, which I did, and mourn the loss of summer daylight hours, which I did. However, I didn’t expect the crisp bright days walking around the small town or the stunning blood red and fuchsia pink sunrises to greet me every day on the way to work. Academically, the environment was more or less the same. People said “good morning” to each other each morning, and “goodbye” at the end of the day.

One cultural challenge I faced was the food. For much of my life, vegetables and homemade foods have been drilled into my mind. My host family made absolutely wonderful homemade foods, from sushi to sopapia to mashed potatoes. However, they also had many foods with preservatives, high fructose corn syrup, and instant mixes. This happens due to the location of Patagonia.
Since it is so far from much of the country, and the roads to get to Patagonia are often dangerous or closed, it is hard to get fresh foods to the area. As a result, fruits and vegetables are expensive, along with other perishable items.

To make the most of my trip to Patagonia, I was outside as much as possible. Patagonia is known for its extreme environment. It has high peaks, rough oceans, ski resorts, hikes, and just about everything a Seattleite could dream of. One of my favorite days in Punta Arenas happened during a snow storm. It was about 1:00 on a Sunday afternoon and it had been snowing all night and morning with pretty intense winds as well. Punta Arenas on Sundays is a ghost town. Sunday is a day for family, staying inside, and relaxing. Unfortunately for me, I can’t sit still when there is snow outside. I decided to take a walk through the empty town with winds of snow blowing all around me. I have never had such a peaceful walk. For nearly two hours, I had the quiet, snow-blanketed town to myself. I walked to the coast to see the dark grey ocean waters and through residential areas where the stray dogs of the town chased after sticks I threw for them. I finished the day with lots of warm tea and blankets.

The most rewarding aspect of this period was being able to volunteer with the children in the language school at the Center. The children were so fun and welcomed me into the classroom without hesitation. One little boy, on the first day I helped out in his classroom, crawled into my lap when we sat down to watch *The Lion King*. When the teacher was busy setting up the next activity, I would teach the kids how to count to 10 in English, or what different colors were in English. If I accidentally said a phrase in English instead of translating it to Spanish, they would stare up at me with wide eyes as if I was an alien. I have a huge passion for working with children and my experience with the children in Punta Arenas has only strengthened my desire to work with them.

My biggest challenge during my fellowship was language. I am a very social person, and I love to spend dinner times engaged in conversation and swapping stories. While my Spanish drastically improved while I was in Punta Arenas, I never quite got to the ‘joking’ level. I could listen and understand the basic concepts of stories being told, but the longer a conversation went, the more likely I was to get lost. I was often embarrassed when I didn’t understand something or people asked me a question that I couldn’t answer back. It took a lot of guts for me to ask, repeatedly, for a person to slow down and say each word of their sentence individually, or even to write it down. A lot of the time I just wanted to sit in the background to avoid having to engage in conversation, but by forcing myself into them, and making myself swallow my pride and figure out what they were saying, I was ultimately able to enjoy my stay and have fun conversing with Chileans.

Deborah with her new friends
Every year MIRT/MHIRT fellows and faculty work on diverse research projects that address the needs of the communities of each site. In the Science Corner we provide synopses of study findings from selected sites. Please visit the MIRT Program website to read the complete list of abstracts.

High Risk for Obstructive Sleep Apnea in Relation to Hypertension Among Southeast Asian Young Adults: Role of Obesity as an Effect Modifier

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BACKGROUND
Obstructive sleep apnea (OSA) has been linked to hypertension among middle-aged and older adults in Western countries. Few studies have focused on young adults, especially those in Southeast Asian countries undergoing epidemiologic transitions and experiencing elevated noncommunicable disease burden. We investigated associations of high risk for OSA with hypertension among Asian young adults.

METHODS
A total of 2,911 college students in Thailand participated in this study. The high risk for OSA was assessed using the Berlin Questionnaire. Blood pressure (BP) and anthropometric measurements were taken by trained research staff. Elevated BP and hypertension were defined as BP ≥120/80 mm Hg and ≥140/90 mm Hg, respectively. Multivariable logistic regression models were fit to estimate odds ratios (ORs) and 95% confidence intervals (CIs) of elevated BP and hypertension. Stratified analyses were conducted to examine whether observed associations varied by weight status.

RESULTS
High risk for OSA was significantly associated with elevated BP (OR = 2.38; 95% CI = 1.68–3.39) and hypertension (OR = 2.55; 95% CI = 1.57–4.15) after adjustment for demographic and lifestyle factors. When body mass index was further controlled for, observed associations were greatly attenuated. The associations were only evident among overweight and obese students.

CONCLUSIONS
The high risk for OSA among overweight and obese young adults is associated with elevated BP and hypertension. Enhanced efforts directed toward screening and diagnosing OSA and weight control among young adults could be one strategy for improving cardiovascular health.

Keywords: blood pressure; college student; high risk; hypertension; obstructive sleep apnea; Thailand; weight status.

doi:10.1093/ajh/hpt194

Validity of the patient health questionnaire-9 for depression screening and diagnosis in East Africa

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Depression is often underdiagnosed and undertreated in primary care settings, particularly in developing countries. This is, in part, due to challenges resulting from lack of skilled mental health workers, stigma associated with mental illness, and lack of cross-culturally validated screening instruments. We conducted this study to evaluate the reliability and validity of the Patient Health Questionnaire-9 (PHQ-9) as a screen for diagnosing major depressive disorder among adults in Ethiopia, the second most populous country in sub-Saharan Africa. A total of 926 adults attending outpatient departments in a major referral hospital in Ethiopia participated in this study. We assessed criterion validity and performance characteristics against an independent, blinded, and psychiatrist administered semi-structured Schedules for Clinical Assessment in Neuropsychiatry (SCAN) interview. Overall, the PHQ-9 items showed good internal (Cronbach's alpha=0.81) and test re-test reliability (intraclass correlation coefficient=0.92). A factor analysis confirmed a one-factor structure. Receiver Operating Characteristics (ROC) analysis showed that a PHQ-9 threshold score of 10 offered optimal discriminatory power with respect to diagnosis of major depressive disorder via the clinical interview (sensitivity=86% and specificity=67%). The PHQ-9 appears to be a reliable and valid instrument that may be used to diagnose major depressive disorders among Ethiopian adults.
MIRT is a national program designed to encourage students to pursue careers in biomedical and behavioral research. This program provides support for undergraduates and graduate students to receive research training in an international setting. MIRT is funded by the National Institute on Minority Health and Health Disparities (NIMHD) and Fogarty International Center (FIC) of the National Institutes of Health. The HSPH MIRT (formerly UW MIRT ) Program was developed in collaboration with Dillard University, Xavier University, and Western Washington University. The program focuses on population-based health research in developing countries and builds on established linkages with academic institutions in Zimbabwe, Ethiopia, Vietnam, Thailand, Republic of Georgia, Australia, Chile, Peru, and Mexico.